



Gallivan, White & Boyd, P.A.

ATTORNEYS AT LAW

June 27, 2016

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CERTIFIED MAIL-RETURN RECEIPT

7015 1520 0003 1601 6150

Regional Freedom of Information Officer
US EPA, Region 4
AFC Bldg., 61 Forsyth St., SW, 9th Floor
Atlanta, GA 30303-8960

**Re: Sheila Diane Shepherd, Heather R. Helms, Larry David Shepherd
v. Eco-Energy Transportation, LLC, et al.
16-CVS-109, 16-CVS-291, 16-CVS-292 (Rowan County)**

Dear Sir/Madam:

Pursuant to the North Carolina Public Records Law, G.S. 132-1, I am requesting you provide any and all records as set forth in the attached Addendum. These records are being requested under the Freedom of Information Act.

The law requires that you respond to and fulfill this request "as promptly as possible". If you expect a significant delay in responding to and fulfilling this request, please contact me with information of when I might expect copies.

Should you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for your assistance in this matter. Please advise should you have any questions.

Sincerely,

GALLIVAN, WHITE & BOYD, PA

Christopher M. Kelly
Direct Dial: 704.227.1940
Email: ckelly@gwb-lawfirm.com

CMK/rm
Enclosures

ADDENDUM

Please produce a copy of the following pertaining to the motor vehicle incident that occurred on April 2, 2015, referenced in the attached Accident Report (Exhibit A):

1. A complete copy of the entire file regarding this incident;
2. Any and all notes, reports, supplemental report, statements and summaries;
3. Any and all handwritten notes or drawings;
4. All documents related to any telephone calls and/or written or electronic communications made or received by your office;
5. Any and all remediation plans, protocol, maps, plats, outlines, charts, lists or orders;
6. Any and all citations, violations or fines levied or issues as a result of the accident;
7. Any CAD reports/911 recordings related to this incident;
8. Any and all photographs, electronic data such as ECM download data or GPS data, air monitoring data or soil sampling data;
9. Any and all audio recordings and/or videos including dash cam recordings and surveillance recordings obtained from third parties;
10. Any and all correspondence with any attorneys or representatives thereof;
11. Any and all clinical notes and reports, consultation notes, reports, or summaries pertaining to any air or soil testing or contamination;
12. All results of all laboratory tests pertaining to any air or soil testing or contamination;
13. All blocks and/or slides pertaining to any air or soil testing or contamination;
14. Any specimens of any nature pertaining to air and/or soil testing or contamination;
15. All films and/or reports pertaining to any air or soil.

EXHIBIT A

This report has been redacted to prevent the disclosure of personally identifiable information.

DMV-349 (Rev. 1/09)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

1

No. of Units Involved

Form 1 of 2

☒ Supplemental Report

☐ Non-Reportable

Do not write in these spaces

Date Received by DMV

1	Date 04/02/2015	County ROWAN	Time 06:42	Local Use/Patrol Area 150402017EA - 01
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2	L 33 Relation to Roadway Surface 2	Crash Occurred <input checked="" type="checkbox"/> In <input checked="" type="checkbox"/> Near	ROCKWELL Municipality	or 12.00 Miles	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	outside municipality
3	A on SR 1002	(R R Crossing #)	00.50 Miles	n	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	
1	At SR 2144	Ramp or Service Road	SR 2141	Latitude		
	From	toward		Longitude		
				Altitude		

4	UNIT # 1	VEHICLE	PEDESTRIAN	HIT & RUN	<input checked="" type="checkbox"/> COMMERCIAL
1	Driver JAMES	RICHARD	SECHLER		
5	Address 945 SHINN FARM RD				
	City MOORESVILLE	State NC	Zip 28115-8298		
6	Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Phone Numbers H (704) 663-3873	W		
2	D.L.# REDACTED	D.L. Class A	State NC		
	DOB REDACTED	34 Vision Obstruction 0	35 Physical Condition 10	36 D.L. Restrictions 1,14,88	
7	37 Alcohol/Drugs Suspected 0	38 Alcohol/Drugs Test 0	39 Results (if known) 0	40 Vehicle Seizure (DWI) <input type="checkbox"/>	
	Owner RYDER TRUCK RENTAL INC				
	Address 217 ATWELL AVE				
	City GREENSBORO	State NC	Zip 27406		
	Plate # MM6598	Plate State NC	Year 2016		
	VIN 3AKJGEBG3DSFD9820				
	Vehicle Make FRTLINER	Vehicle Year 2013	41 Vehicle Style (Type) 14	42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	43 TAD LD-6 / RD-4	44 Estimated Damage \$10,000.00			
	Insurance Company OLD REPUBLIC INSURANCE CO				
	Policy # Z35726				

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit 1 45 Cargo Body Type 6 ☐ Same Address as owner?

ECO-ENERGY TRANSPORTATION LLC

725 COOL SPRINGS BLVD

FRANKLIN, TN 37067

Carrier Identification Numbers, GVWR, Axles

Source:

☒ Truck

☐ Shipping

☐ Driver

US DOT# 2257271

ICC# 770292

Axles on Vehicle including Trailers 5

State NC

State #

IFTA# 13027

FEI#

Fleet #

Gross Vehicular Weight Rating 120000

21	22	23	24	25	26	27	28	29	30	31	32		
A	1	1	1	Unit 1-Drv 1, Pnd 1, etc. see above	W	M	2	0	0	1	1	1	see above
B				Unit 2-Drv 2, Pnd 2, etc. see above									see above
C													
D													
E													
F													
G													
H													

46 Name of EMS

46 Name of EMS

47 Injured Taken by EMS to

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

(Treatment Facility and City or Town)

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1

No. of Units Involved

Form 2 of 2

☒ Supplemental Report

☐ Non-Reportable

Do not write in these spaces

Date Received by DMV

8

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16

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19

Date 04/02/2015 County ROWAN Time 06:42 Local Use/Patrol Area 150402017EA - 01

33 Relation to Roadway Surface _____ Crash Occurred ☐ In _____ or _____ Miles _____ N S E W _____
 on _____ (RR Crossing # _____) _____
 at _____ (Ramp or Service Road) _____
 from _____ (Use Highway Number, Street Name or Adjacent County or State Line) _____
 toward _____ (Use Highway Number, Street Name or Adjacent County or State Line) _____
 N S E W _____
 Latitude _____
 Longitude _____
 Altitude _____

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ COMMERCIAL 20 VEHICLE

Driver _____ First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers _____ H _____ W _____

DL # _____ D.L. Class _____ State _____

DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

37 Alcohol/Drugs Suspected _____ 38 Alcohol/Drugs Test _____ 39 Results (if known) _____ 40 Vehicle Seizure (DWI) ☐

CDL License ☐

DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

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CDL License ☐

DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

UNIT # ☐ VEHICLE ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver _____ First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☐ Yes ☐ No Driver's Phone Numbers _____ H _____ W _____

DL # _____ D.L. Class _____ State _____

DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

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DOB _____ 34 Vision Obstruction _____ 35 Physical Condition _____ 36 D.L. Restrictions _____

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

Unit _____ 45 Cargo Body Type _____ Same Address as owner? ☐

Source:

☐ Truck

☐ Shipping

☐ Driver

Carrier Identification Numbers, GVWR, Axles

US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____

State _____ State # _____ IFTA# _____

FEL# _____ Fleet # _____ Gross Vehicle Weight Rating _____

21 22 23 24 25 26 27 28 29 30 31 32

A Unit 1-Dev 1, Ped 1, etc. see above

B Unit 2-Dev 2, Ped 2, etc. see above

C

D

E

F

G

H

see above

Veh#

Towed To/By:

see above

Veh#

Towed To/By:

46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

46 Name of EMS

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

EXHIBIT A

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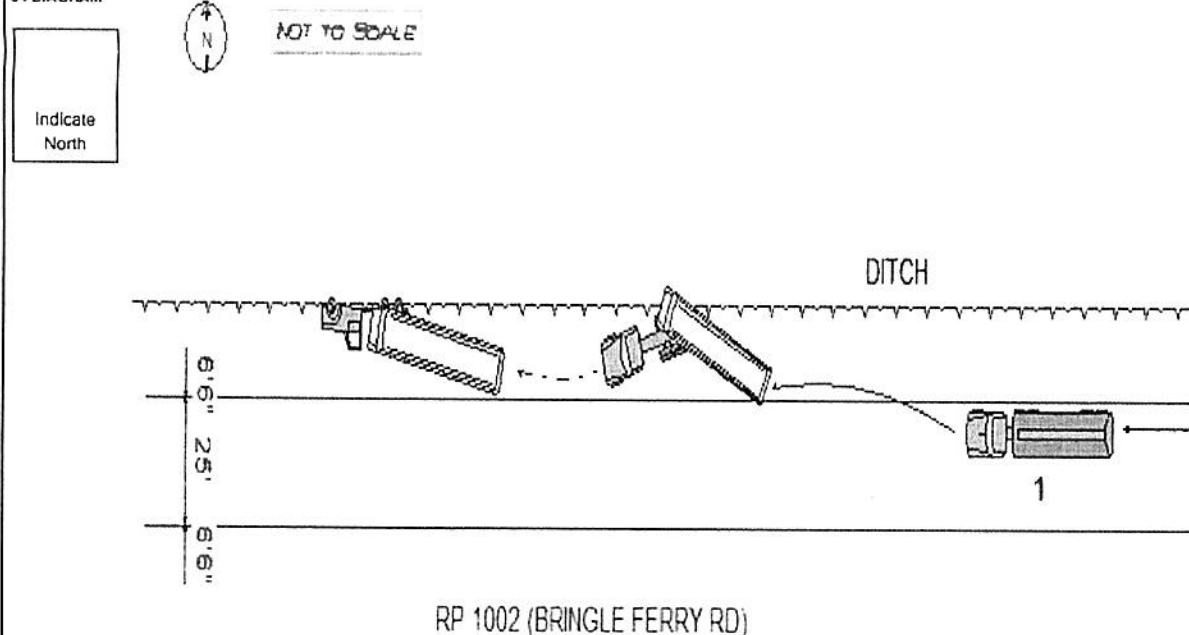
Form 2 of 2

Local Use/Patrol

150402017EA - 01

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit #	VEHICLE INFO		Veh #	Veh #	ROADWAY INFO		WORK ZONE RELATED	
CRASH SEQUENCE (Unit #)		Unit #	60 Authorized Speed Limit				69 Road Feature		78 Work Zone Area	
49 Vehicle Maneuver/Action			81 Estimate of Original Traveling Speed				70 Road Character		79 Work Activity	
50 Non-Motorist Action			82 Estimate of Speed at Impact				71 Road Classification		80 Work Area Marked	
51 Non-Motorist Location Prior to Impact			83 Tire Impressions Before Impact (ft)				72 Road Surface Type		81 Crash Location	
52 Crash Sequence - First Event for this Unit			84 Distance traveled After Impact (ft)				73 Road Configuration		TRAILER INFO.	
53 Crash Sequence - Second Event			85 Emergency Vehicle Use				74 Access Control		82 Trailer Type	
54 Crash Sequence - Third Event			86 Post-Crash Fire (If Yes, check block)				75 Number of Lanes		1st Trailer No. Axles	
55 Crash Sequence - Fourth Event			87 School Bus - Contact Vehicle				76 Traffic Control Type		Width (inches)	
56 Most Harmful Event for this Unit			88 School Bus - Noncontact Vehicle				77 Traffic Control Oper		Length (feet)	
57 Distance/Direction of Object Struck			COMMERCIAL VEHICLE - Hazardous Material		Unit #				2nd Trailer No. Axles	
58 Vehicle Undercarriage/Cybercode			Hazardous Material Placard		From Placard indicate				Width (inches)	
59 Vehicle Details			Hazardous Cargo Released		4 digit placard number or name from diamond or				Length (feet)	
			Carrying Haz Mat		1-digit number from bottom of diamond				83 Unit #	
									Overwidth Permit	

84 DIAGRAM



Unit # was	<input type="checkbox"/> Traveling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> on	Unit # was	<input type="checkbox"/> Traveling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> on
	<input type="checkbox"/> Parked	N S E W		<input type="checkbox"/> Parked	N S E W

85 NARRATIVE (Include pertinent unusual aspects which are VEHICLE 1 WAS TRAVELING WEST ON RP1002 (BRINGLE FERRY RD) VEHICLE 1 RAN OFF THE ROAD TO THE RIGHT AND STRUCK THE DITCH. VEHICLE 1 ROLLED OVER TO THE RIGHT SIDE AND THEN BACK TO THE LEFT. VEHICLE 1 CAME TO REST ON THE DRIVER'S SIDE OF THE VEHICLE ON THE SHOULDER.

86 Type/Owner		ADDITIONAL PROPERTY DAMAGE		State Property?	Estimated Damage \$
ASPHALT		4770 SOUTH MAIN ST. SALISBURY NC 28147		<input checked="" type="checkbox"/>	10000
NC DOT NC DOT		(877) 368-4968			
Name		Address		Phone No.	
Name		Address		Phone No.	
Name		Charge(s)		TRAFFIC VIOLATION(S)	
Name		Address			
Officer Name		Officer Number	Department	Date of Report	
TRP. C K RIDENHOUR		2977	NC STATE HIGHWAY PATROL	NCNHP0000 04/02/2015	